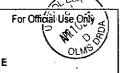
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<u> </u>		
1. File Number U - 8817	2. Fiscal Year Covered From:	
	1 / 1 / 2005 Through: 12 / 31 / 2005	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Kenneth L Clark	Name Northern WI Regional Council of Carpenters	
	Labor Organization File Number 035-751	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street N2216 Bodde Road	Street N2216 Bodde Road	
City Kaukauna	City Kaukauna	
State Wisconsin ZIP Code + 4 54130-9740	State Wisconsin ZIP Code + 4 54130-9740	
5. Position in labor organization. Executive Director		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	on represents or is actively seeking to represent.	
	on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7 b. Amount	
Street	7.D. Amount.	
City		
State ZIP Code ÷ 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
_	ection on penalties in the instructions.)	
Signed flexus Clar	On 03>906 920-996-2306	

and G

Name of Person Filing Kenneth Clark	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Robeco Investment Management		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 909 Third Avenue	Land of Employer	
City New York		
State New York ZIP Code + 4 10022		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name WI Carpenters Fringe Benefits Funds	Investment Committee Meeting, Football Game, Lunch and Dinner 11/6/05	1,
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1704 Devney Drive	11.b. Approximate dollar value of such dealing.	77
City Eau Claie	12.a. Nature of interest held or income received.	
State Wisconsin ZIP Code + 4 54702		
State Wisconsin ZIP Code + 4 54702	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount.	
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The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2005. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2005, I will file an amended Form LM-30.

Fernett 7 Clark 03.29.06